

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10034853
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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49			/			
50			/			
TOTAL IND.	1		1			
TOTAL DEP.						
TOTAL CLAIMS	1		1			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52			/			
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99						
100						
TOTAL IND.	6		7			
TOTAL DEP.	70		71			
TOTAL CLAIMS	76		78			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Best Available Copy